

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023149

STATE FILE NUMBER

Registration District No. 30

Primary Registration District No. 4038

Registrar's No. 34

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUN 17 1963

VS 300
Rev. 4/59

1 0080

2 0080

3

4 1

5 3

6

7 0

8 2

9 446X

10

11

12 86-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WARSAW		c. CITY OR TOWN WARSAW	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OAKHEAVEN Rest Home		d. STREET ADDRESS (If outside, give location) —	
3. NAME OF DECEASED (Type or print) First DOSIA Middle B. Last HART		4. DATE OF DEATH Month June Day 11 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 3, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Iconium, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A	
13. FATHER'S NAME John F. Bernard		14. NAME OF HUSBAND OR WIFE deceased.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT B.F. Hart		Address Warsaw, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA			INTERVAL BETWEEN ONSET AND DEATH ONE MONTH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOULAR NEPHROSCLEROSIS			ONE YEAR
DUE TO (c) ARTERIOSCLEROSIS			TEN YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour — Month, Day, Year — a.m. — p.m. —	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION WARSAW, MO.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from JAN. 1955 to JUNE. 11, 1963 last saw her alive on 6-10-63 Death occurred at 10:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Eusebio Salby DO		22b. ADDRESS WARSAW, MO.	
22c. DATE SIGNED 6-13-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 15, 1963	23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	23d. LOCATION (City, town, or county) (State) Warsaw Benton Co Mo
24. FUNERAL DIRECTOR John F. Reser	25. DATE RECD. BY LOCAL REG. 6/14/63	26. REGISTRAR'S SIGNATURE Geo. A. Logan	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

0100
0100

1
P

0
S
X0440

S-18
0-1